Research and Practice for Persons
with Severe Disabilities
2017, Vol. 42(2) 75–88

DOI: 10.1177/1540796917698830
journals.sagepub.com/home/rps
SAGE

Promoting Inclusion Through Evidence-Based Alternatives to Restraint and Seclusion

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Abstract

The use of restraint and seclusion in schools has been identified repeatedly as an approach that is overused, misused, and potentially dangerous. In this article, we emphasize the importance of an approach to supporting students with significant problem behavior that focuses on prevention, evidence-based intervention procedures, heightened levels of monitoring, and documented professional development. While the need for the use of restraint in emergency conditions will remain, the overall rate at which restraint and seclusion are used needs to be reduced and the quality of support for students with significant problem behavior needs to improve. An example of one district that is adopting a comprehensive alternative approach is provided.

Keywords

seclusion, restraint, policy, evidence-based practices

The use of restraint and seclusion in educational settings is a challenging and divisive topic. The issue is of special concern for children with significant disabilities who are disproportionately at risk to experience restraint or seclusion. The purpose of this article is to review the current status of restraint and seclusion use in schools in the United States and propose an approach to behavior support emphasizing prevention of behavioral incidents, application of evidence-based support practices, heightened monitoring, and formal professional development. We acknowledge a limited role for restraint and seclusion[1] during emergency situations, while protecting inclusive educational opportunities for all students. An example of one district that is implementing the proposed approach is provided.

The Individuals With Disabilities Education Act (IDEA; 2004) transformed special education in the United States. The underlying principle of the law is equitable access to educational opportunities for all students, regardless of disability status (PL 108-446 Sec. 601(c)). Two critical IDEA mandates are the provision of free and appropriate public education (FAPE) for all and the provision of services within the least restrictive environment (LRE). In fact, IDEA 2004 (PL 108-446, Sec. 601 (c)) explicitly states that children should be educated in general education settings to the maximum extent appropriate. When student needs

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cannot be met within the general education environment, special education services must be provided based on a continuum of placements (IDEA 2004 Regulations: Part 300 / B / 300.115). IDEA has undoubtedly guided schools to be more inclusive, and one result is an increase in the number of students in public schools with more intensive behavior support needs. This may help explain the increased variability with which restrictive interventions are used. For example, a recent report indicates that annual rates of restraint ranged from 12.1 per 100 students with disabilities in urban school districts to 3.7 per 100 in rural school districts (Gagnon, Mattingly, & Connelly, 2014).

There are several factors that may contribute to the likelihood that restraint and seclusion will be used in school settings, including (a) the inclusion of students with significant emotional and behavioral needs in general education settings, (b) the lack of specialized support for students in these settings, and (c) the limited training provided to teachers and school staff to address intensive behavior support needs (LeBel, Nunno, Mohr, & O'Halloran, 2012). While restraint and seclusion continue to be used in school settings, there is a paucity of data supporting the effectiveness of these procedures to improve behavior (Curie, 2005). Furthermore, there is a growing concern that the current pattern of restraint and seclusion use in schools is leading to educational, psychological, and social damage for students, especially for those students with more intensive behavior support needs (Westling, Trader, Smith, & Marshall, 2010).

Schools using restraint and seclusion are also at high risk for procedural misapplication and abuse, including (a) inappropriate use for behaviors that do not place the students or others at risk for harm or injury; (b) implementation as "treatment" or "behavioral interventions" rather than as an emergency procedure; (c) high risk for injuries or harm during these procedures for students, peers, and staff; (d) increased likelihood of intensifying the problem behavior instead of decreasing it; and (e) use as a short cut in the absence of systematic and comprehensive functional assessment and support plans (Lane et al., 2010). The primary concerns with the implementation of these procedures in school settings are that the use of restraint and seclusion may lead to the psychological damage, physical injury, or death of children. The U.S. Government Accountability Office (GAO; 2009) released findings in 2009 documenting physical and psychological injury due to the improper use of such procedures, including instances of fatal injuries. Because of the dangers posed by restraint and seclusion, these practices are banned or severely limited in many hospitals, nursing homes, and residential facilities.

At this point, there are two companion challenges facing the field. One is the overuse and misuse of restraint and seclusion. The second, interrelated challenge is the inability of schools to support students who engage in behaviors that are a major barrier to social success, academic gains, and physical well-being. Reducing the inappropriate use of restraint and seclusion will require that schools implement evidence-based practices to educate and support students with significant behavioral needs.

Definition of Terms

There are three general categories of restraint, plus seclusion, that have been defined by the Children's Health Act of 2000 and replicated by the U.S. Senate Committee on Health, Education, Labor, and Pensions and the U.S. House Committee on Education and the Workforce in drafting of the Keeping all Students Safe Act (2009):

- *Physical restraint* is defined as "a personal restriction that immobilizes or reduces the ability of an individual to move his or her arms, legs, or head freely. Such term does not include a physical escort" (H.R. 4247 Sec. 4(8) citing 42 U.S.C. 290jj(d)(3)).
    - Physical escorts include "the temporary touching or holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing a resident who is acting out to walk to a safe location" (H.R. 4247 Sec. 4(7) citing 42 U.S.C. 290jj(d)(2)).
- *Chemical restraint* is defined as "a drug or medication used on a student to control behavior or restrict freedom of movement that is not—(A) prescribed by a licensed physician for the standard treatment of a student's medical or psychiatric condition; and (B) administered as prescribed by the licensed physician" (H.R. 4247 Sec. 4(1)).

- *Mechanical restraint* includes "the use of devices as a means of restricting a student's freedom of movement" (H.R. 4247 Sec. 4(5) citing 42 U.S.C. 290jj(d)(1)).
- *Seclusion* is defined as "the involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving. It does not include a timeout, which is a behavior management technique that is part of an approved program, involves the monitored separation of the student in a non-locked setting, and is implemented for the purpose of calming" (H.R. 4247 Sec. 4(14) citing 42 U.S.C. 290jj(d)(4)).

Rationale for Use

The use of physical restraint and seclusion by mental health and educational professionals has been defended historically on two grounds: (a) to prevent imminent injury to self or others, and (b) as a clinical intervention designed to reduce instances of problem behavior (Bell, 1997; Council for Children With Behavior Disorders [CCBD], 2009; Council for Exceptional Children, 2009; Day, 2002; Fogt, George, Kern, White, & George, 2008; Garrison et al., 1990; Ryan & Peterson, 2004). As (a) attention has focused on the dangers of misuse and overuse of these procedures (Westling et al., 2010), and (b) improved behavior support strategies for students with behavioral support needs have been documented (Luiselli, 2009; Sailor, Dunlap, Sugai, & Horner, 2009), the primary rationale for continued use of restraint and seclusion has been reduced to situations where a student's behavior poses imminent danger to himself or herself or others.

Documentation of Use

Restraint and seclusion are being used in schools not only in emergency situations but also for less serious behaviors such as preventing a student from leaving the classroom (Hensley, 2014; Ryan & Peterson, 2004). While laws, guidelines, and policies direct the use of restraint and seclusion in medical and psychiatric facilities, the same level of guidance has not been available in school settings (e.g., Eckes & Watts, 2014). In the newly adopted Every Student Succeeds Act (ESSA; 2015), however, federal law requires states to develop a plan to support local education agencies to improve school conditions for student learning. Within these plans, local education agencies are expected to reduce the overuse of disciplinary practices that (a) remove students from the classroom and (b) use aversive behavior interventions that compromise student health and safety, such as restraint and seclusion.

Recently, there has been growing interest at the state level in addressing overuse and misuse of restraint and seclusion, yet research shows that many states do not have regulations or policies that guide the proper use of these procedures in school settings. As of 2014, only 25 states have laws or policies associated with the use of restraint and seclusion for all students (35 states regulate the use of restraint and seclusion for students with disabilities; Butler, 2016). Furthermore, the states that have regulations covering this issue differ greatly in policy guidelines and content (Gust & Sianko, 2012).

There is formal research examining the use of physical restraint as a form of behavioral intervention (e.g., Delaney & Fogg, 2005; Grace, Kahng, & Fisher, 1994; Magee & Ellis, 2001; Nunno, Holden, & Tollar, 2006), yet until now there have been a small number of studies that report how frequently restraint is used in schools. Data collected by the U.S. Department of Education in 2011-2012 found that either *restraint or seclusion were used in U.S. schools at least 110,000 times in a single school year*, and this figure is likely an underestimate due to 15% of school districts failing to report data, including some of the largest districts (U.S. Senate on Health, Education, Labor, and Pensions Committee, 2014). Other reports indicate that students with disabilities are the most likely to be restrained (75%) or placed in seclusion (58%) (U.S. Department of Education, 2010).

The National Disability Rights Network (2009) reports a wide variety of abuses of seclusion including instances where seclusion was associated with physical injuries, significant psychological trauma, suicide, electrocution, and self-injury due to cutting, pounding, and head banging. Students have been secluded for long periods of time and in environments that lacked ventilation, heating or cooling, and adequate lighting. In addition, students have been denied access to toilets, food, or water while in seclusion environments (CCBD, 2009).

Westling and colleagues (2010) reported instances in which students with disabilities who exhibit some form of challenging behavior were subjected to restraint, seclusion, and aversive procedures. The data show that the students with disabilities who are most often being restrained and/or secluded in response to their behavior are likely to be between the ages of 6 and 10 years with a diagnosis of autism spectrum disorder (ASD), emotional disturbance, or behavior disorder. Trends in the data demonstrate that the actions usually occur in special education classrooms between 1 and 10 times per year per student. Various types of restraining holds are used, and students are secluded in areas from which they cannot leave. Furthermore, a student is typically restrained or held in seclusion for 5 to 30 min, but lengths of up to several hours have been documented.

Villani, Parsons, Church, and Beetar (2012) examined data collected over 6 years or nearly 195,000 school days to understand what can be learned by monitoring the frequency and duration of restraint and seclusion. They found that younger students were *more* likely than high school students to be restrained or secluded, which is consistent with the findings of several reports that age is correlated with the implementation of restraint and seclusion procedures (Child Welfare League of America, 2004; Leidy, Haugaard, Nunno, & Kwartner, 2006). Also, crisis episodes requiring intervention for the high school students were less frequent, but slightly longer in duration for both restraint and seclusion (Villani et al., 2012).

Making a Difference

Approximately 3% to 5% of students in U.S. schools exhibit significant, chronic patterns of behavior that is a barrier to social, academic, and/or health outcomes (e.g., Eber, Hyde, & Suter, 2011; McIntosh, Campbell, Carter, & Dickey, 2009; Sugai, Sprague, Horner, & Walker, 2000). These students typically require intensive and highly individualized supports to achieve academic and social success (Walker et al., 2014). With the passage of IDEA (2004), schools have been charged with supporting students with a wide range of behaviors and specific disorders, which could include (a) aggression, (b) bullying, (c) anxiety, (d) depression, (e) posttraumatic stress disorder, (f) bipolar disorder, (g) schizophrenia, (h) truancy, and (i) academic failure. There is a strong evidence that targeted interventions can produce significant improvement in student behavior, even for those with the highest level of behavioral support needs (e.g., Berry & Mason, 2012; Eggert, Thompson, Herting, & Nicholas, 1995; Graham & Perin, 2007; Kendall, Hudson, Gosch, Flannery-Schroeder, & Suveg, 2008; Lochman et al., 2009; Stein et al., 2003).

Less Restrictive Environments Versus Less Restrictive Practices

Research demonstrates that effective practices designed to meet complex student needs do exist and can significantly reduce the likelihood of dangerous situations. Unfortunately, the push for less restrictive *environments* for students with special needs has not been equated with the use of less restrictive *practices*. In the absence of consistent and clear guidelines for educators and reporting measures for state and local educational agencies that are valid and reliable, leadership is needed in the form of policy definition from federal, state, and professional organizations to help guide educators working to support students with significant behavioral needs.

The documented abuses and dangers associated with restraint and seclusion demand immediate and substantive change in the current approach. The U.S. Department of Education called for such an approach in 2012 with the release of the *Restraint and Seclusion: Resource Document*. This document provides 15 principles regarding the use of restraint and seclusion, and stresses, “every effort should be made to prevent the need for the use of restraint and seclusion and that any behavioral intervention must be consistent with the child’s rights to be treated with dignity and to be free from abuse” (p. 12). As has been recommended in the past (Peterson, 2010), we believe that restraint and seclusion use should be rare, limited to emergencies, well documented, and conducted by personnel appropriately trained in de-escalation and crisis response, highly monitored, and accompanied by the implementation of evidence-based, comprehensive behavior support.

Effective Behavioral Support for Students With Significant Needs

Reducing the use of restraint and seclusion will require more than documentation that these practices are ineffective and even iatrogenic. Evidence-based strategies for both preventing and remediating problem behavior need to be well defined and implemented in schools. As is often the case with complex behavioral challenges, it is unlikely that a single strategy can be offered. Instead effective behavior support is a constellation of evidence-based practices and systems that have grown from a long history of research and application (Luiselli & Cameron, 1998; Sailor et al., 2009). Central among these are (a) the use of comprehensive academic, mental health and behavioral assessments; (b) individualized support for students with a focus on evidence-based practices that increase quality of life as well as decrease students' problem behavior and improve adaptive behavior; (c) support provided by trained professionals; (d) use of data for ongoing decision making; (e) administrative leadership with district- and state-level support; and (f) responsive adaptation of practices and procedures to the needs of staff and students. Elaboration for each of these elements is provided below.

Comprehensive assessments. A critical element of effective behavioral support is the use of comprehensive assessments to guide the design of support plans. The National Joint Committee on Learning Disabilities (2010) defines comprehensive assessment as the use of multiple data sources (e.g., standardized tests, informal measures, observations, student self-reports, parent reports, functional behavioral assessment [FBA], and progress monitoring data) to make data-based decisions about instruction, supports, and services for individual students. For students with the most intensive behavioral support needs, assessments should include medical, psychological, academic, social, and behavioral support data. Within school-wide positive behavior interventions and support (PBIS), an expected element of comprehensive assessment is the collection of FBA information that (a) operationally defines problem behaviors, (b) defines the contexts (locations/routines) where the problem behavior is most and least likely, (c) identifies the maintaining consequence in those contexts where the problem behavior is most likely, and (d) identifies any setting events or motivating operations that elevate the likelihood of the problem behavior (Ingram, Lewis-Palmer, & Sugai, 2005; O'Neill, Albin, Storey, Horner, & Sprague, 2015).

The purpose of comprehensive assessment is to match the level of support intensity to the student need. Assessment information should guide selection of support practices and procedures such that a support plan is both more effective and more efficient than if the assessment information was not used (Didden, Curfs, van Driel, & de Moor, 2002).

Individualized planning and support. Individual Behavior Support Plans (BSPs) are expected to be (a) technically adequate, (b) contextually appropriate, and (c) focused on valued outcomes. A plan is technically adequate if it employs evidence-based practices that are logically guided by the functional assessment information. A plan is contextually appropriate if the procedures are consistent with the values, skills, and administrative support of those who are expected to implement the procedures. A plan is well focused if it addresses not just reduction of those behaviors that place a student (or others) at risk but increases in prosocial behavior and improved quality of life (Carr et al., 1999).

The BSP should incorporate strategies for engineering positive environments in which students are taught appropriate alternative behaviors (Horner, Albin, Todd, Newton, & Sprague, 2010; Horner & Carr, 1997). Effective supports for students that produce both a reduction in the need for significant behavioral support and an improvement in quality of life outcomes include (a) preventing dangerous situations, (b) teaching alternative prosocial behaviors, (c) exaggerating rewards for appropriate behavior, (d) placing problem behavior on extinction, (e) ensuring personal safety, and (f) collecting data on both fidelity of implementation and achievement of desired outcomes. Within this programmatic framework, restraint and seclusion should be restricted to emergency situations in which the immediate safety of staff and/or students is threatened, and the restraint or seclusion is implemented by highly trained staff. Data on the use of restraint and seclusion should be collected on an ongoing basis, shared with relevant staff members and student family members, and signal the need for a reevaluation of an individual student's BSP.

Support by trained professionals. Support provided by trained professionals to students with behavioral support needs is an important component to ensuring that appropriate procedures are in place and being correctly implemented; however, this service comes at a significant cost to schools and districts. Both direct contact staff and related services personnel need practical training in (a) prevention strategies for avoiding intensive behavioral incidents; (b) recognizing situations where imminent harm is likely to occur to the student, his or her peers, or staff; (c) use of specific procedures that are effective in reducing and de-escalating behaviors, and place both students and staff at minimal risk; (d) monitoring protocols; and (e) reporting and program plan adaptation strategies (McIntosh, Filter, Bennett, Ryan, & Sugai, 2010).

Data for ongoing decision making. To evaluate the effectiveness of BSPs at both the individual and school levels, a process for ongoing data collection and review must be in place. Data should be collected from multiple sources, include measures of multiple outcome factors, and evaluate fidelity of implementation. Furthermore, data should be collected on the school's frequency of use of restraint and seclusion.

These data can be used in an ongoing, iterative process within the evaluation of both individual support plans and school-wide interventions. When restraint or seclusion is used, the team should always debrief about the incident to determine what precipitated the use of such practices from the point of view of all involved, including the student and parents; determine whether the situation was an emergency; and revisit and reevaluate the student's BSP. During the reevaluation process, the focus should be on interventions that will decrease the likelihood of restraint and seclusion being used again in the future.

Using data to evaluate the effectiveness and implementation fidelity of BSPs can assist school teams in developing targeted action plans; these plans, in turn, allow teams to appropriately allocate time and resources to areas in need of improvement. This iterative process increases the likelihood of successful implementation and decreases the chances of abandonment of BSPs and evidence-based practices that decrease the need for restrictive practices (Newton, Horner, Algozzine, Todd, & Algozzine, 2012).

Administrative leadership. The implementation of an effective BSP typically involves the coordinated efforts of multiple personnel. As such a central feature of effective behavior support is the administrative leadership, consistency, allocation of resources, and follow-up that facilitate coordinated implementation (Fixsen et al., 2005). The role of administrative leadership extends beyond the individual school to district and state decision makers. Effective support does not occur by chance. Commitment to valued outcomes, use of evidence-based practices, analysis of culturally and contextually relevant systems, and the investment in both personnel and data structures are all features of an effective system that rely on administrative leadership across each level of a school system.

Responsive adaptation. A final feature too often forgotten in the process of effective behavior support is adaptation of a BSP after initial implementation. It is a common feature of behavior support that even when initially effective, a BSP may require adjustment based on additional information (Luiselli, 2009). These adjustments reflect responsiveness to new learning by the focus individual, and improved precision in assessment information. Effective development and implementation of BSPs should include the data systems, teaming time, and organizational formats that assume responsive adaptation.

A Practical Example

The approach proposed above limits the use of restraint or seclusion to situations in which (a) the immediate safety of students and staff is compromised, (b) only trained personnel are utilized in the procedure, and (c) comprehensive and preventive positive behavior supports are in place. This begs the practical question of whether typical school districts have the capacity to implement such an approach and whether this approach is linked to a reduction in the number of times restraint and seclusion are used in schools. The following example features one school district that has implemented this approach with dedicated precision and success. This example is offered as a demonstration of feasibility, not as formal documentation of experimental effects.

Participants

TASH staff recruited a public school district to participate in this effort based on the following criteria: (a) report a decrease in the use of restraint and seclusion over the past 5 years, (b) have a policy that defines the limited conditions when restraint and seclusion are used, (c) implement a variety of evidence-based preventive practices, (d) utilize a system for documenting and reporting the use of restraint and seclusion to members of a student's educational team, (e) use data on restraint and seclusion for decision making, (f) employ restraint and/or seclusion only in situations that pose a significant risk to staff/student safety, and (g) serve general and special education students.

To protect the privacy of students, families, and staff, the participating district will be referred to in this article as Exemplar District. The special education director for Exemplar District was identified as the person most knowledgeable about district and school policy, practice, and impact related to the use of restraint and seclusion. As such, he was invited to participate in a 90-min telephone interview in which he was asked to provide information on the district's implementation of effective preventive practices.

During the 2014-2015 school year, Exemplar District had 10 schools serving 6,791 students in kindergarten through Grade 12. Of these students, 17.5% were receiving free or reduced lunch and 10.4% of the student body received special education services. The average general education class size was 21 students. There were 62.8 full-time equivalent (FTE) cross-categorical special education teachers (not including speech pathologists, occupational therapists, or physical therapists) and 61.4 FTE educational assistants. Exemplar District had six to eight Crisis Prevention Institute (CPI) trainers who provided training to staff across the district, and each building had a crisis response team that consisted of staff who were CPI trained, many of whom were special education professionals.

During the 3-year period from 2011 to 2014, there were a total of 16 students (5.3 per year) in Exemplar District who experienced either seclusion or restraint across 52 separate incidents (17.3 per year). Students with Individualized Education Programs (IEPs) represented 75% of the students and 69% of the incidents.

Building-Level Restraint and Seclusion Support Interview

The Special Education Director was interviewed using the *Building-Level Restraint and Seclusion Support Interview* (available from the last author). This interview protocol was developed by the authors for the present analysis and consisted of 46 questions that focused on (a) district demographics, (b) structure of special education services, (c) number and characteristics of students with self-injurious behavior, (d) district policy on use of restraint and/or seclusion, (e) process for conducting assessment of students referred for more intensive supports, (f) process for building BSPs, (g) crisis intervention protocols, (h) process for implementation of BSPs, (i) staff development for behavior support and specifically for use of restraint and/or seclusion, (j) coaching support for staff, (k) systems for collecting and using fidelity and student impact data, (l) current data on use of restraint and/or seclusion, (m) current data on student outcomes, and (n) an example of one student who experienced restraint and/or seclusion in the district during the past year.

Procedure

Prior to the interview, the Special Education Director was asked to email the researchers state reports outlining school demographics (e.g., enrollment data, percentage of students receiving special education services, percentage of students receiving free and/or reduced lunch, etc.) and any restraint and seclusion policy documents and documentation forms. The interview lasted approximately 90 min and was conducted over the phone with three of the authors. Two authors were on the same phone line in the same location and a third author was on a different phone line in a different location. Two authors took notes throughout the interview while the other author conducted the interview. The interview was audio recorded. The interview protocol required questions to be asked directly as written in the protocol, but to allow follow-up questions to increase precision or depth based on initial responses.

Data Analysis

One to two days following the interview, the two authors who took notes met to develop a final interview transcript outlining participant responses to each of the interview questions. Interview notes were compared, and if there was disagreement regarding any aspect of the participant's response to any of the interview questions, the authors listened to the audio recording. Once an interview transcript was developed, the transcript was sent to the Special Education Director for review, and minor revisions were included in the final compilation of findings. Questions and responses from the final transcript were organized into the following categories related to the prevention and use of restraint and seclusion: (a) alternatives to restraint and seclusion, (b) LREs versus least restrictive practices, and (c) effective behavior supports for students with significant needs.

Findings

Alternatives to Restraint and Seclusion

Exemplar District's policies concerning restraint and/or seclusion stipulate that such practices may be used, but only in a dangerous situation to protect the student and/or others from injury. For example, such measures would be used if one child physically assaulted another child, but would not be used if property damage were the primary concern.

Restraint. The district defines the use of physical restraint as "restriction that immobilizes or reduces the ability of the pupil to freely move his or her torso, arms, legs, or head." Nonexamples include holding a student's arm or hand to escort, intervening in a fight, briefly holding a student to calm or comfort, and blocking one arm to refrain from stereotypy. The staff conducting the restraint must have formal training (e.g., CPI). The use of restraint is inappropriate when any of the following occurs: (a) The restraint is used as a punitive consequence, (b) chemical or mechanical restraints are employed, or (c) the student's physical safety is compromised (i.e., chest compression, weight on student's neck, head, or throat).

Seclusion. The district defines seclusion as "the involuntary confinement of a pupil, apart from other pupils, in a room or area from which the pupil is physically prevented from leaving." Nonexamples include detention, student-requested breaks, or directing a student to temporarily separate himself or herself from general classroom activity. Although schools do have space available for seclusion, often called time-out rooms, these rooms have doors but are incapable of being locked. Conditions for seclusion include constant supervision of the student, the seclusion area is free of objects that may injure the student, and access to food/water and bathroom facilities is not denied. Generally, if a student's behavior is identified as unsafe, seclusion is used over restraint because of the high risk of injury for both student and staff members.

Less Restrictive Environments Versus Less Restrictive Practices

The district's primary objective is to educate students in the LRE through the use of preventive practices to ensure a FAPE. Three years ago, district leaders prioritized the following: (a) inclusive practices, (b) options to support students with challenging behaviors in general education classrooms, and (c) the decrease of restrictive environments and practices. The district currently provides a continuum of services and most students with challenging behaviors receive education within a general education setting. Self-contained classrooms are still available but are only used as a temporary placement to teach necessary skills to be successful in a general education environment. In addition, the self-contained classrooms may be used as a safe environment for students to de-escalate, with the goal of reintegration into the general education classroom as soon as the child is ready.

Very few, if any, of the students are served in separate school placements. Separate placements are viewed as short-term solutions to provide the student with appropriate structure and support. A team works to identify behavioral patterns and functions so that instruction concerning student replacement behaviors

will enable a student to safely return back to the inclusive setting. In this district, no student has been in a separate placement for longer than a year, with 1 to 3 months reported as the most common time frame.

Effective Behavioral Support for Students With Significant Needs

Comprehensive assessments. The district uses a combination of academic and FBAs to determine individual student strengths and needs, and to develop a hypothesis of the function of problem behaviors. The FBA is used to develop a function-based BSP that addresses the student's needs in the classroom. The FBA/BSP is generated by a team that includes special educators, a district representative, parents/guardians, general educators, and support staff. In addition to the development of the FBA/BSP, teams also consider each student's medical, sensory, or psychological needs. For example, a student with autism may escalate when touched; therefore, the team would only consider removing a student from a situation, not restraint, in the emergency plan.

Individualized planning and support. The BSP is developed to reduce the complexity, intensity, and severity of the problem behavior while teaching replacement behaviors, reinforcing desirable behaviors, and placing the problem behavior on extinction. While prevention is the primary purpose of the BSP, safety measures are still incorporated into the document to ensure student and staff safety. If the need for restraint and seclusion is perceived as more likely, then the district's school-wide crisis response protocol is reviewed. Some common strategies reported included room clears (e.g., having all other students leave the room for a brief period) and instruction in functional communication.

Data are collected and used to make decisions regarding the effectiveness of each BSP. The IEP team determines the student data to be monitored and how often the team must review the data. Teachers collect and graph data, which are presented during team meetings. Teams meet based on the perceived needs of each student and severity of behavior. For example, some student data were reviewed daily, while others were reviewed on a weekly basis. The team uses this information to investigate trends in the use of restraint and/or seclusion. If the team determines the plan should be revised, the case manager has the responsibility to communicate changes with all relevant staff members.

Support by trained professionals. Exemplar District employs eight individuals to provide staff training in behavior support and has policies limiting the use of seclusion and/or restraint. All building-level coordinators (i.e., principals) are trained to assess whether restraint and seclusion are being used appropriately at a school level, and then subsequently problem-solve with their staff. Every school building has a trained physical intervention team, with a minimum of five to eight members on each elementary school team, eight to 10 members for each middle school team, and 10 to 12 members for each high school team. Eventually, the district hopes to require all special education staff to be trained in effective behavior support and de-escalation practices.

The district also implements individualized training for staff members on the necessary skills to work with students who have particularly challenging behaviors. School psychologists and service coordinators are available to conduct these trainings. The service coordinator monitors the implementation of a BSP and is responsible for ongoing coaching. The district offers individualized trainings to school teams that have reported multiple incidents of restraint and/or seclusion. The district prioritizes efficacy to work with challenging students at the school level, paired with monitoring incident reports, to determine whether additional support is needed. In addition, bus drivers are trained in strategies to facilitate a safe environment on the bus and manage effective de-escalation.

Data for ongoing decision making. Each school and team supporting a student with an individualized BSP collects data on both the use of restraint and/or seclusion and student behavioral, academic, and social outcomes. Teams use a problem-solving approach to identify both preventive and reactive strategies to decrease the occurrence of challenging behavior.

Following an incident where restraint and/or seclusion are used, the district requires the person who initiated the procedure to complete an incident form. These electronic forms are checklists that include techniques

applied from restraint training (e.g., CPI). The items can be expanded for staff members to provide additional detailed information. Items on the electronic form include (a) information about the incident (i.e., student/staff involved, date, time, duration, location), (b) an operational definition of the student behavior that was a safety concern, and (c) procedural steps (i.e., team debrief, parent contacted). After completion, the forms are sent to the child's parents and forwarded to the department of safety, director of student services, principal, and coordinator of student services within 48 hr following the incident. These reports are used to identify schools in need of more support to prevent the need for restraint and/or seclusion. As required by the state, all data are reviewed annually and submitted to the school board and disability rights organizations.

In addition to formal data collection protocols, teams meet and debrief after each incident requiring the use of restraint and/or seclusion. To ensure debriefing occurs, the district requires the team to confirm a scheduled debrief meeting on each incident report. These debrief meetings include (a) a review of the FBA/BSP, (b) consideration of strategies to prevent the need for restraint or seclusion from occurring in the future, and (c) identification of any needed additional training. This allows teams the ability to allocate time and resources to reduce the likelihood of restraint and seclusion being used in the future. This iterative process increases the likelihood of successful BSP implementation and the incorporation of evidence-based practices that decrease the need for restrictive practices.

Conclusion

As a nation and as a field, we are using restraint and seclusion excessively (Ryan, Robbins, Peterson, & Rozalski, 2009; Westling et al., 2010) and often in nonemergency situations (Scheuermann, Peterson, Ryan, & Billingsley, 2016; Simonsen, Sugai, Freeman, Kern, & Hampton, 2014). This represents a failure to our students, a failure to our families, and a failure to the dedicated faculty and staff in our schools. Although implementing a ban on all restraint and seclusion may be tempting (The Alliance to Prevent Restraint, Aversive Interventions, and Seclusion [APRAIS], 2005; Autism National Committee, 1999), a policy that limits the use of existing practices must be accompanied by practical, evidence-based strategies for meeting the needs of students, families, and staff in all likely conditions. Exemplar District offers one demonstration that even with comprehensive policies and research-validated practices, some students experience behavioral crises that require immediate protective measures. The district's emphasis on prevention, evidence-based behavior support, monitoring, and personnel training, however, makes these situations rare and focused on safety.

The challenge represented by the overuse of restraint and seclusion is indicative of the difficulty many districts have in implementing effective educational, social, and behavioral support for students. There are established practices to prevent the development of significant problem behavior, informed by behavioral, educational, social, and medical supports to address these challenges. The expectation moving forward should be to improve the implementation of existing knowledge and "best practices" in the prevention of restraint and seclusion, and the behavior patterns that lead to their use. When restraint or seclusion procedures are used inappropriately, it typically represents the absence of an investment in the planning, training, coaching, and organization of administrative supports needed to educate students with diverse needs.

It is important to consider the educational, medical, legal, and ethical imperatives for addressing the excessive use of restraint and seclusion (Scheuermann et al., 2016). Change is possible when clear and decisive policies are implemented. The responsibility to implement effective practices should not be placed on the shoulders of local educators alone. Rather, federal, state, district, and building decision makers must work to establish the professional capacity to make these schools more effective learning environments for all students (Freeman & Sugai, 2013; LeBel et al., 2012). The policies and procedures reported in this article offer an important reference point for the field. Using these recommended district practices and policies, relevant stakeholders must make a concerted effort to establish safe and effective learning environments where students with and without significant behavioral support needs are successful.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: Development and preparation of this document were supported in part by a grant from the Office of Special Education Programs, U.S. Department of Education (H029D40055). Opinions expressed herein are the authors and do not reflect necessarily the position of the U.S. Department of Education, and such endorsements should not be inferred.

Note

1. The question of whether or not seclusion is a valid emergency response is controversial, and most parent groups and advocacy organizations are opposed to its use. For the purposes of this article, we refer to "restraint and seclusion" because they are often used together in a school setting.

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Received: July 17, 2016
Final Acceptance: February 18, 2017
Editor in Charge: Stacy K. Dymond